

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

mr. al j. jaeger

(b) Address (number and street) ☐ check if different than previously reported

p.o. box 6214

(c) City, State and ZIP Code

bozeman

MT

59771

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

self

(e) Occupation

farm

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 8

through

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 8

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y

0 1 / 2 4 / 2 0 0 8

(b) Communication Title

newspaper ad

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?

Yes ☐No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☒

8. Custodian of Records

(a) Name

mr. al j. jaeger

(b) Address (number and street)

p.o. box 6214

(c) City, State and ZIP Code

bozeman

MT

59771

(d) Name of Employer or Principal Place of Business

self

(e) Occupation

farm

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

mr. al j. jaeger

SIGNATURE

DATE 01/24/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.